

*K071213***510(k) Summary****CAMLOG Logfit™ Prosthetic System****AUG 10 2007****ADMINISTRATIVE INFORMATION**

Manufacturer Name: Altatec GmbH  
Maybachstrasse 5  
D-71299 Wimsheim, Germany  
Telephone +49 7044 9445-0  
Fax +49 7044 9445-722

Official Contact: Tina Steffanie-Oak  
CAMLOG USA  
Telephone 1 (717) 335-7230 x4150  
Fax 1 (717) 335-7240  
email: Tina.Steffanie-Oak@henryschein.com

Representative/Consultant: Floyd G. Larson  
PaxMed International, LLC  
11234 El Camino Real, Suite 200  
San Diego, CA 92130  
Telephone 1 (858) 792-1235  
Fax 1 (858) 792-1236  
email: flarson@paxmed.com

**DEVICE NAME AND CLASSIFICATION**

Trade/Proprietary Name: CAMLOG Logfit™ Prosthetic System  
Common Name: dental abutments  
Classification Regulation: Endosseous dental implant abutment  
(21 CFR 872.3630), Class II  
Product Codes NHA

**DEVICE CLASSIFICATION PANEL**

The Classification Panel for this device is the Dental Products Panel, and it is reviewed by the Dental Devices Branch.

*KO 7/213***INTENDED USE**

The CAMLOG Logfit™ Prosthetic System is intended to be used to fabricate crowns and bridges in conjunction with CAMLOG dental implants to support prostheses in the maxillary and/or mandibular arch.

**DEVICE DESCRIPTION**

The CAMLOG Logfit Prosthetic System includes dental implant abutments and screws intended to be used to support cement retained crowns and bridges in conjunction with Camlog dental implants in the maxillary and/or mandibular arch. The system also includes impression caps, analogs and plastic, burn-out copings, (Class I exempt, not a part of this submission), intended to facilitate the preparation of prosthetic restorations.

**EQUIVALENCE TO MARKETED PRODUCT**

Altatec GmbH has demonstrated that, for the purposes of FDA's regulation of medical devices, the CAMLOG Logfit Prosthetic System is substantially equivalent in indications and design principles to predicate devices, each of which has been determined by FDA to be substantially equivalent to preamendment devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Altatec GmbH  
Mr. Floyd G. Larson  
President  
PaxMed International, LLC  
11234 El Camino Real, Suite 200  
San Diego, California 92130

AUG 10 2007

Re: K071213

Trade/Device Name: CAMLOG Logfit™ Prosthetic System  
Regulation Number: 872.3630  
Regulation Name: Endosseous Dental Implant Abutment  
Regulatory Class: II  
Product Code: NHA  
Dated: July 30, 2007  
Received: July 31, 2007

Dear Mr. Larson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,  
Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): K071213

Device Name: CAMLOG Logfit™ Prosthetic System

## Indications for Use:

The CAMLOG Logfit™ Prosthetic System is intended to be used to fabricate crowns and bridges in conjunction with CAMLOG dental implants to support prostheses in the maxillary and/or mandibular arch.

Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)

Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices510(k) Number: K071213